Appendix V

College of Micronesia-FSM

REPORT AT END OF EACH MODULE/ TRAINING

Training by COM-FSM

Module/Training Name: _____

Module/Training Duration: _____

State: _____

Training Dates: _____

Instructor: _____

Name of Participant	**Grade/ Rating for Training**	**Attendance** (e.g. 4 out of 5 days)	**Additional Comments**

General Comments on the Module/Training: (attendance, curriculum, ability of participants to handle the material, etc)

Recommendations (if any):

Signed _____ _____
Instructor Date

Signed _____ _____
Administrator – COM-FSM Date